

STATE OF HAWAII — DEPARTMENT OF TAXATION
Individual Income Tax Return
RESIDENT

2000

DO NOT WRITE OR STAPLE IN THIS SPACE

PART-YEAR RESIDENTS MUST USE FORM N-15.

RESIDENTS FILING A FEDERAL TAX RETURN SHOULD USE FORM N-11.

Calendar Year 2000

or other tax year beginning _____, 2000 and ending _____,

☐ Check box if address is new or changed

AMD UNP 008 PNT INT

USE STATE LABEL OTHERWISE PRINT OR TYPE	Your first name and initial	Last name	Your social security number
	If a joint return, spouse's first name and initial	Last name	Spouse's social security number
	Present mailing or home address (Number and street, including apartment number or rural route)		Your occupation
	City, town or post office, State and ZIP code		Spouse's occupation

HAWAII ELECTION
CAMPAIGN FUND

Do you want \$2 to go to the Hawaii Election Campaign Fund?

Yes

No

If joint return, does your spouse want \$2 to go to the fund?

Yes

No

Note: Checking "Yes" will
not increase your tax or
reduce your refund.FILING
STATUS

- 1 ☐ Single (Check only ONE box)
- 2 ☐ Married filing joint return (even if only one had income).
- 3 ☐ Married filing separate return. Enter spouse's social security no. above and full name here. •
- 4 ☐ Head of household (with qualifying person). If the qualifying person is your child but not your dependent, enter this child's name here. ➤
- 5 ☐ Qualifying widow(er) with dependent child (Year spouse died •).

EXEMPTIONS

Caution: If you can be claimed as a dependent on another person's tax return (such as your parents'), do not check box 6a, but be sure to check the box below line 33.

6a <input type="checkbox"/> Yourself	<input type="checkbox"/> Age 65 or over	Enter number of boxes checked on 6a and 6b ➤		
6b <input type="checkbox"/> Spouse	<input type="checkbox"/> Age 65 or over			
Dependents:		Enter number of your children listed ➤		
6c and 6d	1. First and last name If more than 3 dependents use attachment	2. Dependent's social security number	3. Relationship	6c ➤
				6d ➤
				6e ➤
6e	Total number of exemptions claimed			Add numbers entered in boxes above

INCOME

7	Wages, salaries, tips, etc. (Attach Form(s) W-2)	7●		00
8	Interest income from the worksheet on page 27 of the Instructions.....	8●		00
9	Ordinary dividends	9●		00
10	State income tax refund from the worksheet on page 27 of the Instructions.....	10		00
11	Alimony received: Enter name and address of payer	11		00
12	Business or farm: main business activity/product	G.E. I.D. No.		
12a	Gross receipts from business or farm	12a		00
12b	Net income or (loss) after subtracting expenses from business or farm	12b●		00
13	Capital gain or (loss) from worksheet on page 27 of Instructions	13●		00
14a	Total IRA distributions.....	14a		00
14b	Taxable amount (see page 32 of the Instructions)	14b		00
15a	Total pensions and annuities	15a		00
15b	Taxable amount (see page 32 of the Instructions)	15b●		00
16a	Rents received. G.E. I.D. No.	16a		00
16b	Net rental income or (loss) after subtracting expenses	16b●		00
17	Unemployment compensation (insurance).	17●		00
18	Other income (state nature and source)	18●		00
19	Add amounts in far right column for lines 7 through 18.....	19		00
Total Income ➤				

ADJUSTMENTS
TO INCOME

20	IRA deduction	20		00
21	Student loan interest deduction from worksheet on page 28 of the Instructions...	21		00
22	Medical savings account deduction	22		00
23	Moving expenses	23		00
24	One-half of self-employment tax	24		00
25	Self-employed health insurance deduction	25		00
26	Self-employed SEP, SIMPLE, and qualified plans	26		00
27	Interest penalty on early withdrawal of savings	27		00
28	Alimony paid	28		00
29	Payments to an individual housing account	29●		00
30	First \$1,750 of military reserve or Hawaii national guard duty pay.....	30●		00
31	Add lines 20 through 30.....	Total Adjustments ➤		
31●		31●		00
32	Line 19 minus line 31.....	Adjusted Gross Income ➤		
32●		32●		00

• ATTACH COPY B OF FORM HW-2 HERE •

TAX COMPUTATION	33 Amount from line 32. (adjusted gross income)		33		00
	CAUTION: If you can be claimed as a dependent on another person's return, check here <input type="checkbox"/> and see the Instructions on page 35.				
	34 If you do not itemize your deductions, go to line 35 below. Otherwise go to page 35 of the Instructions and enter your itemized deductions here.				
	34a Medical and dental expenses (from Worksheet A-1)	34a●			00
	34b Taxes (from Worksheet A-2)	34b●			00
	34c Interest expense (from Worksheet A-3)	34c●			00
	34d Contributions (from Worksheet A-4)	34d●			00
	34e Casualty and theft losses (from Worksheet A-5)	34e●			00
	34f Miscellaneous deductions (from Worksheet A-6)	34f●			00
	35 Enter the larger of your: <div style="display: inline-block; vertical-align: middle; margin-left: 10px;"> Itemized Deductions — If line 33 is more than \$100,000 (\$50,000 for married filing separately), see the worksheet on page 27 of the Instructions. If not, add lines 34a through 34f. OR Standard Deduction shown below for your filing status. Single — \$1,500 Head of household — \$1,650 Married filing jointly or Qualifying widow(er) — \$1,900 Married filing separately — \$950 </div>		35●		
36 Line 33 minus line 35. (This line MUST be filled in)		36●			00
37 Multiply \$1,040 by the total number of exemptions claimed on line 6e. If you and/or your spouse are blind, deaf, or disabled, check applicable box(es) <input type="checkbox"/> Yourself <input type="checkbox"/> Spouse, and see page 36 of the Instructions.		37●			00
38 Taxable Income. Line 36 minus line 37 (but not less than zero) Taxable Income ➤		38●			00
39 Tax. Check if from <input type="checkbox"/> Tax Table; <input type="checkbox"/> Tax Rate Schedule; <input type="checkbox"/> Form N-168; <input type="checkbox"/> Form N-615; or <input type="checkbox"/> Capital Gains Tax Worksheet on page 26 of the Instructions. Net capital gain from line 14 of Capital Gains Tax Worksheet ●					
(● <input type="checkbox"/> Include separate tax from Forms N-2, N-103, N-152, N-312, N-405, N-586, or N-814)..... Tax ➤		39●			00
TAX PAYMENTS AND CREDITS	40 Total nonrefundable tax credits (attach Schedule CR)		40		00
	41 Line 39 minus line 40 (but not less than zero) Balance ➤		41		00
	42 Hawaii State Income tax withheld and tax withheld on IHA distribution	42●			00
	43 2000 estimated tax payments	43●			00
	44 Amount of estimated tax applied from 1999 return	44●			00
	45 Amount paid with extension(s)	45●			00
	46 Low-Income Refundable Tax Credit (attach Schedule X) DHS, etc. exemptions ●	46●			00
	47 Credit for Low-Income Household Renters (attach Schedule X)	47●			00
	48 Credit for Child and Dependent Care Expenses (attach Schedule X).....	48●			00
	49 Credit for Child Passenger Restraint System(s) (attach a copy of the invoice)	49●			00
50 Total refundable tax credits from Schedule CR (attach Schedule CR)		50			00
51 Add lines 42 through 50..... Total Payments and Credits ➤		51●			00
REFUND OR AMOUNT YOU OWE	52 If line 51 is larger than line 41, enter the amount OVERPAID (line 51 minus line 41)		52●		00
	53 Amount of line 52 to be REFUNDED TO YOU Refund ➤		53●		00
	54 Amount of line 52 to be applied to your 2001 ESTIMATED TAX		54●		00
	55 If line 41 is larger than line 51, enter the AMOUNT YOU OWE (line 41 minus line 51). Use Form N-200V to send your payment to the Department of Taxation. If you are filing your return late, see page 38 of the Instructions..... Balance Due ➤		55●		00
	56 Estimated tax penalty. (See page 38 of Instructions.) Also include this amount in line 52 or 55, whichever applies. Check box if Form N-210 is attached ➤ <input type="checkbox"/>		56●		00
57 If you don't need Hawaii income tax forms mailed to you next year, check here to receive a preprinted label only.....● <input type="checkbox"/>					
DECLARATION					
I declare, under the penalties set forth in section 231-36, HRS, that this return (including accompanying schedules or statements) has been examined by me and, to the best of my knowledge and belief, is a true, correct, and complete return, made in good faith, for the taxable year stated, pursuant to the Hawaii Income Tax Law, Chapter 235, HRS.					
PLEASE SIGN HERE	➤ _____ Your signature Date		➤ _____ Spouse's signature (if filing jointly, BOTH must sign) Date		
	★ May the Hawaii Department of Taxation discuss this return with the preparer shown below? (See page 39 of the Instructions.) <input type="checkbox"/> Yes <input type="checkbox"/> No				
	Paid Preparer's Information	Preparer's Signature and date ➤ _____		Preparer's identification number _____	
		Firm's name (or yours if self-employed), Address, and ZIP Code ➤ _____		Federal E.I. No. ➤ _____ Phone no. ➤ _____	